

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Oxygen Providers
Inhalation/Respiratory Therapists
Pharmacists
Home Health Agencies
Managed Care Plans

Memorandum No.: 05-57 MAA
Issued: July 1, 2005

For Information Contact
Toll Free: (800) 562-6188

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration

Subject: Oxygen and Respiratory Therapy Program: Fee Schedule Changes

Effective for dates of service on and after July 1, 2005, the Medical Assistance Administration (MAA) has revised the fee schedule in MAA's current *Oxygen and Respiratory Therapy Billing Instructions*, to match Medicare's 2005 fees. The new fee schedule is attached to this memorandum.

What has changed?

The oxygen and respiratory therapy program has been revised in the following ways:

1. E0470 (BiPAP-S) now reflects two months mandatory rental deducted from the maximum allowable purchase rate;
2. E0570 (Nebulizer with Compressor) now reflects two months mandatory rental deducted from the maximum allowable purchase rate;
3. EPA 900 for nebulizer billing with the correct ICD-9-CM codes;
4. K0671 (Portable oxygen concentrator) added as a rental;
5. E0445 (Oximeter) clarifies that prior authorization is required for clients 18 and older;
6. A7030 (CPAP full face mask) covered;
7. A7031 (CPAP full mask interface) covered;
8. E0619 (Apnea monitor, with recording feature) - added "per lifetime" to the description.
9. A4627 (Spacer for metered dose inhaler) defines adult and child;
10. A4623 (Disposable inner tracheostomy cannula) has a new limit;
11. A7003 (Disposable administration set) modifiers NU and TW are required.
12. A4626 (Tracheostomy cleaning brush) - no longer covered.
13. Back-up equipment - use modifier TW in addition to any other required modifier when billing for back-up equipment, other than ventilators. For backup ventilators, continue to use modifier U2;
14. EPA 908 (Non-routine replacement parts) has been deleted. It is now included in E1399 (Durable medical equipment, miscellaneous) and requires prior authorization.
15. Codes with limitations - limits have been changed - for example, a limit of "2 per year" will now state 1 every 6 months or 1 month is now 30 days;
16. From/to dates of service are required on all rental billings; and
17. All codes with a Medicare rate have been updated. All fee changes are highlighted in red.

Diagnosis Reminder

MAA requires valid and complete ICD-9-CM diagnosis codes. When billing MAA, use the highest level of specificity (4th or 5th digits when applicable) or the entire claim will be denied.

Billing Instructions Replacement Pages

Attached are replacement pages H.1 through H.28 of MAA's current *Oxygen and Respiratory Therapy Program Billing Instructions*.

Contact Information

Send reimbursement issues, questions, or comments to:

DME Manager
Professional Reimbursement Section
Division of Business and Finance
PO Box 45510
Olympia, Washington 98504-5510
(360) 725-1845
Fax # (360) 753-9152

Send authorization issues, questions, or comments to:

Oxygen and Respiratory Program Manager
Medical Assistance Administration
Division of Medical Management
PO Box 45506
Olympia Washington 98504-5506
(360) 725-1577
Fax # (360) 586-1471

How can I obtain MAA's Provider Issuances?

To obtain MAA's numbered memoranda and billing instructions, visit MAA's web site at <http://maa.dshs.wa.gov> (select the *Billing Instructions/Numbered Memoranda* link).

To request a free paper copy from the Department of Printing:

- **Go to:** <http://www.prt.wa.gov/> (Orders filled daily.)
Click on General Store. Follow prompts to Store Lobby → Search by Agency → Department of Social and Health Services → Medical Assistance Administration → *desired issuance*; **or**
- **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)

Fee Schedule

Notes About the Fee Schedule

Procedure Code Description: The description of each procedure code will tell you if:

- A modifier is required.
- A limit applies.
- An item/service is bundled/unbundled.
- Prior authorization is required.

Note: New HCPCS codes are designated with a “new” icon next to the code. Those HCPCS codes with a “#” symbol in the maximum allowable Rental or Purchase columns are not covered by MAA.

Maximum Allowance: The *RENTAL* and *PURCHASE* columns indicate the maximum dollar amount or percentage of billed amount payable by MAA. Rentals are calculated on a monthly basis unless otherwise indicated. In those instances where rental is required prior to purchase, the rental price is applied towards the purchase price.

Rentals: From and to dates are required on all rental billings.

Modifiers: **You must use the appropriate modifier with the procedure code when indicated:**

Equipment Rental -	Use modifier "RR"
Equipment Purchase -	Use modifier "NU" (eff. 10/03)
Six Month Maintenance Fee -	Use modifier “MS” (for Ventilators and CPAPs only)
Second Ventilator (Backup) -	Use modifier “U2” (eff. 7/1/03)
Backup Equipment	Use modifier "TW" in addition to any other required modifier when billing for back-up equipment, other than ventilators (eff. 7/1/05). For backup ventilators, continue to use modifier "U2".

Do Not Bill With: **Any procedure code listed in the “Do Not Bill With” column of the fee schedule is AT NO TIME allowed in combination with the primary code located in the “Procedure Code” column.**

Bill MAA your usual and customary fee (the fee you bill the general public). MAA’s payment will be either your usual and customary fee or MAA’s maximum allowable rate--whichever is lower.

Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/05 Rental	7/1/05 Purchase
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Apnea Monitor and Supplies

Apnea monitor, without recording feature.	E0618		#	#
Apnea monitor, with recording feature. Maximum of six months rental allowed per lifetime. Modifier RR required.	E0619		280.35	
Electrodes (e.g., Apnea monitor), per pair. Purchase only. Modifier NU required. For use only when client is unable to tolerate carbon patch electrodes. Limit: 15 every 30 days.	A4556	A4558		10.32
Lead Wires, e.g. apnea monitor per pair	A4557		#	#
Conductive paste or gel. Purchase only. Modifier NU required.	A4558	A4556		5.45
Apnea belt kit (includes 2 belts, 4 electrodes, and 4 lead wires). Purchase only. Modifier NU required. Limit: 2 every 30 days.	E1399 w/EPA #870000904	A4556 A4557		25.92

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Oxygen and Respiratory Therapy Program

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Continuous Positive Airway Pressure System (CPAP)

Continuous airway pressure (CPAP) device.* <ul style="list-style-type: none"> Requires results of sleep study performed in an MAA-approved sleep center. Rental Limit: 1 unit per month, maximum of 2 months rental. Purchase required after 2 months mandatory rental. Client compliance and effectiveness must be documented prior to purchase. Purchase limit: 1 unit per client, every 5 years. Purchase price is amount allowed after 2 months mandatory rental. Modifier RR or NU required. 	E0601	E0470 E0471 E0472	\$111.71	\$893.68
Full face mask, used with positive airway pressure device, each. Limit: 1 every 6 months.	A7030	7031		188.64
Face mask interface, replacement for full face mask, each. Limit: 1 every 3 months.	A7031	7030		69.77
Replacement cushion for nasal application device, each. Limit: 1 every 6 months.	A7032	A7034		40.53
Replacement pillows for nasal application device, pair. Limit: 1 every 6 months.	A7033	A7034		28.41
Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap. Limit: 1 every 6 months.	A7034	A7032 A7033		117.64
Headgear used with positive airway pressure device. Limit: 1 every 6 months	A7035			39.75
Chinstrap used with positive airway pressure device. Limit: 1 every 6 months	A7036			18.20
Tubing used with positive airway pressure device. Limit: 1 every 6 months	A7037	A7010		41.02
Filter, disposable, used with positive airway pressure device. Limit: 2 every 30 days.	A7038			5.39

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Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/05 Rental	7/1/05 Purchase
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Continuous Positive Airway Pressure System (CPAP) (cont.)

Filter, nondisposable, used with positive airway pressure device. Limit: 1 every 6 months.	A7039			\$15.33
Oral interface, used with positive airway pressure device, each.	A7044		#	#
Exhalation port (with or without swivel) used with accessories for positive airway devices, replacement only.	A7045		#	#
Water chamber for humidifier, used with positive airway pressure device, replacement, each. Limit: 1 every 6 months.	A7046			19.51
Humidifier, nonheated, used with positive airway pressure device.	E0561		#	#
Humidifier, heated, used with positive airway pressure device. Purchase only. Limit: 1 per 3 years. Modifier NU required	E0562			301.22
Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (ie:BiPAP S).* <ul style="list-style-type: none"> • Requires results of sleep study performed in an MAA-approved sleep center when prescribed for sleep apnea. • Purchase required after maximum of 2 months mandatory rental. Client compliance and effectiveness must be documented prior to purchase. • Limit: 1 purchase per lifetime per client. • Modifier RR or NU required. • Purchase price is amount allowed after 2 months mandatory rental. 	E0470	E0601, E0471, E0472	256.60	2,052.80

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Oxygen and Respiratory Therapy Program

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IPPB Machines and Accessories

IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source. (Includes mouthpiece and tubing.) Rental only. Modifier RR required.	E0500	E0570	93.30	
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Nebulizers and Accessories

*MAA now allows providers to bill for the rental of nebulizers when there is an expectation that the client will only need a nebulizer for short-term use. If, after 2 months of rental, the client still requires the use of a nebulizer, then the rental must be converted to purchase.

Compressor, air power source for equipment which is not self-contained or cylinder driven. Rental only. Only the following accessories may be billed with this code: A4619, A7525, E1399 w/EPA #870000903, A7006, A7007, A7010-A7012, A7014, and A7015. Modifier RR required.	E0565		51.86	
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Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/05 Rental	7/1/05 Purchase
**HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by MAA.				
Nebulizer with compressor. <ul style="list-style-type: none"> Only the following accessories may be billed with this code: A7525 or A7015, A7003-A7006, A7013. When AC/DC adapter is available for use with equipment provided, the adapter is considered included in nebulizer reimbursement. Reimbursement includes delivery and instruction on the proper use and cleaning of the equipment. Rental allowed for clients with expected short-term use, e.g., acute vs. chronic condition. Purchase required after 2 months of rental. Diagnosis of acute bronchiolitis 466.11, OR 466.19 , or acute bronchiolitis 466.0. <ul style="list-style-type: none"> Purchase price is amount allowed after 2 months mandatory rental. Limit: 1 per client, per 5 years. Modifier RR or NU required. See Expedited Prior Authorization (EPA) Section for clients not meeting Medicare diagnosis criteria. 	E0570	E0500	16.10	128.80
Aerosol compressor, battery powered, for use with small volume nebulizer.	E0571		#	#
Aerosol compressor, adjustable pressure, light duty for intermittent use.	E0572		#	#
Ultrasonic/electronic aerosol generator with small volume nebulizer.	E0574		#	#
Nebulizer, ultrasonic, large volume.	E0575		#	#
Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flow meter.	E0580		#	#
Nebulizer, with compressor and heater.	E0585		#	#

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Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/05 Rental	7/1/05 Purchase
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Nebulizers and Accessories (cont.)

Administration set, with small volume non-filtered pneumatic nebulizer, disposable. May only be used as a backup to A7005 Purchase only. Limit: 1 per client, every 30 days. Modifier NU and TW required.	A7003	A7004		2.74
Small volume nonfiltered pneumatic nebulizer, disposable. Purchase only. Limit: 3 per client, every 30 days. Modifier NU required.	A7004	A7003 A7005		1.80
Administration set, with small volume non-filtered pneumatic nebulizer, non-disposable. Purchase only. Limit: 1 per client, every 6 months. Modifier NU required.	A7005	A7004		30.83
Administration set, with small volume filtered pneumatic nebulizer. Purchase only. Limit: 1 per client, every 30 days. Modifier NU required. For Pentamidine administration only.	A7006			9.54
Large volume nebulizer, disposable, unfilled, used with aerosol compressor. Limit: 10 per client, every 30 days.	A7007			4.61
Large volume nebulizer, disposable, prefilled, used with aerosol compressor. Should use combination of A7007 and E1399 with EPA number 870000928.	A7008		#	#
Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer.	A7009		#	#
Corrugated tubing, disposable, used with large volume nebulizer, 100 feet. Purchase only. Modifier NU required. Limit: 1 per client, every 30 days.	A7010	A7037		23.59

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Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/05 Rental	7/1/05 Purchase
<i>**HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by MAA.</i>				
Nebulizers and Accessories (cont.)				
Corrugated tubing, nondisposable, used with large volume nebulizer, 10 feet. Purchase only. Modifier NU required. Limit: 1 per client, every 12 months.	A7011			1.51
Water collection device, used with large volume nebulizer. (e.g., aerosol drainage bag) Only paid in conjunction with E0565. Purchase only. Modifier NU required. Limit: 8 per client, every 30 days.	A7012			3.78
Filter, disposable, used with aerosol compressor. Only when using E0570. Purchase only. Modifier NU required. Limit: 2 per client, every 30 days.	A7013	A7014		0.83
Filter, non-disposable, used with aerosol compressor or ultrasonic generator. Only when using E0565. Purchase only. Modifier NU required. Limit: 1 per client, every 3 months.	A7014	A7013		4.49
Aerosol mask, used with DME nebulizer. Purchase only. Modifier NU required. Limit: 3 per client, every 30 days.	A7015			1.88
Face tent. Purchase only. Limit: 3 per client, every 30 days. Modifier NU required.	A4619	E1390		1.21
Dome and mouth piece, used with small volume ultrasonic nebulizer.	A7016		#	#
Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen.	A7017		#	#
Water, distilled, used with large volume nebulizer, 1000ml	A7018	E1399 w/EPA #870000928		.38

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Oxygen and Respiratory Therapy Program

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Nebulizers and Accessories (cont.)

Sterile water or sterile saline, 1000 ml, used with large volume nebulizer. Limit: 50 per client, every 30 days.	E1399 w/EPA #870000928	A7018		2.74
“Fish” 3-5cc saline vials. Limit: 200 per client, every 30 days.	E1399 w/EPA #870000901			.23

Oxygen and Oxygen Equipment

Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing. Monthly rental only. Limit: 1 per client, every 30 days. Modifier RR required.	E0424	A4615- A4620, E0439, E0441- E0444, E0550, E1390, K0671	194.48	
Stationary compressed gas system, purchase: includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing.	E0425		#	#
Portable gaseous oxygen system, purchase; include regulator, flow meter, humidifier, cannula or mask, and tubing.	E0430		#	#
Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing. Monthly rental only. Limit: 1 per client, every 30 days. Modifier RR required.	E0431	A4615- A4620, E0434, E0441- E0444, E0550, K0671	32.07	

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Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/05 Rental	7/1/05 Purchase
<i>**HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by MAA.</i>				
Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adapter, contents, gauge, cannula or mask and tubing. Monthly rental only. Limit: 1 per client, every 30 days. Modifier RR required.	E0434	A4615- A4620, E0431, E0441- E0444, E0550, K0671	32.07	
Portable liquid oxygen system, purchase: includes portable container, supply reservoir, humidifier, flowmeter, contents gauge, cannula or mask, tubing, and refill adapter.	E0435		#	#
Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing. Monthly rental only. Limit: 1 per client, every 30 days. Modifier RR required.	E0439	A4615- A4620, E0424, E0441- E0443, E0550, E1390 K0671	194.48	
Stationary liquid oxygen system, purchase; includes use of reservoir, contains indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing.	E0440		#	#
Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned). One month's supply equals one unit. This is a monthly fee. Limit: 1 per client, every 30 days.	E0441	E0424, E0431, E0434, E0439, E0442, E0443, E0444, E0550, E1390 K0671		154.27

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Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/05 Rental	7/1/05 Purchase
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Oxygen and Oxygen Equipment (cont.)

Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned). One month's supply equals one unit. This is a monthly fee. Limit: 1 per client, every 30 days.	E0442	E0424, E0431, E0434, E0439, E0441, E0443, E0444, E1390 K0671		154.27
Portable oxygen contents, gaseous (for use only with portable gaseous system when no stationary gas or liquid system is used). One month's supply equals one unit. This is a monthly fee. Limit: 1 per client, every 30 days.	E0443	E0424, E0431, E0434, E0439, E0441, E0442, E0444 E1390 K0671		21.41
Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used). One month's supply equals one unit. This is a monthly fee. Limit: 1 per client, every 30 days.	E0444	E0424, E0431, E0434, E0439, E0441- E0443		21.41
Regulator	E1453		#	#
Stand/rack	E1355		#	#
Immersion external heater for nebulizer	E1372		#	#
Oxygen tent, excluding croup or pediatric tents.	E0455		#	#
Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate. Monthly rental only. Limit: 1 per client, every 30 days. Modifier RR required. (Rental includes: humidifier, if needed, cannula or mask and tubing.)	E1390	A4620, E0424, E0439, E0441, E0442, E0443, E0444, E0550	194.48	


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Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/05 Rental	7/1/05 Purchase
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Oxygen and Oxygen Equipment (cont.)

Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	E1391		#	#
Portable oxygen concentrator. Must be billed with E1390 Monthly rental only. Limit: 1 per client, every 30 days. Modifier RR required.	K0671 	A4615- A4620, E0424, E0431, E0434, E0439, E0441- E0443, E0444, E0550	32.07	
Oxygen and water vapor enriching system with heated delivery.	E1405	E1406	#	#
Oxygen and water vapor enriching system without heated delivery.	E1406	E1405	#	#

Professional Services

Respiratory therapy home visit: subsequent, includes oximetry services.	94760 w/EPA #870000916	94656 w/EPA #870000915		\$31.34
Ventilator therapy initial home visit, patient intake and evaluation. Allowed one time per provider, per client.	94656 w/EPA #870000915	94760 w/EPA #870000916		52.08
Pneumocardiogram or polysomnogram (one year of age and under) service; with recording equipment. Not to be used on a routine basis. Use only when medically indicated.	94772 w/EPA #870000917			156.73

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Suction Pump/Supplies

Tracheal suction catheter, closed system, each. Limit 1 per day per client.	A4605	A4624		\$16.40
Tracheal suction catheter, any type, other than closed system, each. Purchase only. Limit: 150 each month for clients age 8 and older, 300 each month for clients under age 8. Modifier NU required.	A4624	A4605		2.63
Oropharyngeal suction catheter, each (Yankauer). Purchase only. Modifier NU required. Limit: 4 per client, every 30 days.	A4628			3.65
Canister, disposable, used with suction pump, each. Purchase only. Modifier NU required. Limit: 5 per client every 30 days for portable pump. 5 per client, every 30 days for stationary pump.	A7000	A7001		9.54
Canister, non-disposable, used with suction pump, each. Purchase only. Modifier NU required. Limit: 1 every 12 months.	A7001	A7000		33.08
Tubing, used with suction pump, each. Purchase only. Modifier NU required. Limit: 15 per client, every 30 days.	A7002			3.83

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Oxygen and Respiratory Therapy Program

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<i>**HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by MAA.</i>				
Respiratory suction pump, home model, portable or stationary, electric. Modifier RR or NU required. If billing for the backup unit, use modifier TW in addition to the other required modifier. Limit: 2 in 5 years, one for use in the home and one for back-up or portability. Deemed purchased after 12 months rental. MAA allows payment for suction supplies, (e.g., gloves and sterile water) when billed by Durable Medical Equipment (DME) providers and pharmacists. See Important Contacts section.	E0600		45.79	457.90

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Oxygen and Respiratory Therapy Program

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Tracheostomy Care Supplies

Transtracheal oxygen catheter, each	A4608		#	#
Tracheostomy, inner cannula (disposable replacement only). Purchase only. Modifier NU required. Limit: 1 per client, each day.	A4623			6.55
Tracheostomy care kit for new tracheostomy (includes: basin or tray, trach dressing, gauze sponges, pipe cleaners, cleaning brush, cotton tipped applicators, twill tape, drape, and sterile gloves.) Limit: 1 per client, each day. Use this code for first 2 weeks only, then use A4629. Purchase only. Modifier NU required.	A4625	A4626, A4629		3.50
Tracheostomy cleaning brush, each. Discontinued for dates of services on and after 7/1/05	A4626	A4625, A4629		#
Tracheostomy care kit for established tracheostomy (includes: basin or tray, trach dressing, gauze sponges, pipe cleaners, cleaning brush, cotton tipped applicators, twill tape, drape, and sterile gloves.) Limit: 1 per client, each day. Use after the first 2 weeks. Purchase only. Modifier NU required.	A4629	A4625, A4626		3.50
Tracheostoma valve, including diaphragm, each	A7501		#	#
Replacement diaphragm/faceplate for tracheostoma valve, each	A7502		#	#
Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each.	A7503		#	#
Filter for use in a tracheostoma heat and moisture exchange system, each.	A7504		#	#

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Tracheostomy Care Supplies (cont.)

Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each.	A7505		#	#
Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type, each.	A7506		#	#
Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each.	A7507		#	#
Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each.	A7508		#	#
Filter holder and integrated filter housing, and adhesive, for use as tracheostoma heat and moisture exchange system, each. (Condenser, disposable e.g., artificial nose.) Limit: 1 each day for clients age 8 and older. Limit: 3 each day for clients under age 8. Purchase only. Modifier NU required.	A7509			1.41
Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each. Limit per client, per month: 1 if removable inner cannula or 4 each month if no removable inner cannula.	A7520			47.48
Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each. Limit: 1 per client every 30 days if removable inner cannula or 4 per client every 30 days if no removable inner cannula.	A7521			\$47.05

Some policies are noted in this fee schedule for your convenience. Please refer to the narrative sections in the billing instructions for complete policy details.

Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/05 Rental	7/1/05 Purchase
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***HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by MAA.*

Tracheostomy Care Supplies (cont.)

Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each. Limit: 1 per client every 30 days if removable inner cannula or 4 per client every 30 days if no removable inner cannula.	A7522			45.16
Tracheostomy shower protector, each	A7523		#	#
Tracheostoma stent/stud/button, each	A7524		#	#
Tracheostomy mask, each Purchase only. Modifier NU required. Limit: 4 per client, every 30 days.	A7525			2.07
Tracheostomy tube collar/holder, each. Limit: 15 per client, every 30 days.	A7526			3.37
Tracheostomy/laryngectomy tube plug/stop.	A7527		#	#
Tracheostomy speaking valve Purchase only. Modifier NU required. Limit: 1 every 6 months.	L8501			96.88

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Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/05 Rental	7/1/05 Purchase
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***HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by MAA.*

Ventilators and Related Respiratory Equipment

Volume ventilator, stationary or portable, with backup rate feature, used with invasive interface (e.g., tracheostomy tube). (Payment includes all necessary accessories, fittings and tubing.)* Rental only. Modifier RR required.	E0450	A4611- A4613, A4616- A4618, E0460, E0461, E0550, E0471, E0472	811.34	
Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface, e.g. trach tube).	E0463	E0464	#	#
Pressure support ventilator with volume control mode, may include pressure control mode, used with non-invasive interface, e.g. mask.	E0464	E0464	#	#
Respiratory assist device, bi-level pressure capability, with backup rate feature, used with noninvasive interface, e.g., nasal or facial mask. (Intermittent assist device with continuous positive airway pressure device). (Payment includes all necessary accessories, fittings and tubing.)* Rental only. Modifier RR required. Limit: 1 every 30 days.	E0471	A4611- A4613, A4616- A4618, E0450, E0460, E0461, E0470, E0472, E0550, E0601	\$642.17	
Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube. (Intermittent assist device with continuous positive airway pressure device). Rental only. Modifier RR required. Limit: 1 every 30 days.	E0472	A4611- A4613, A4616- A4618, E0450, E0460, E0461, E0470, E0471, E0550, E0601	642.17	

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Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/05 Rental	71/1/05 Purchase
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***HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by MAA.*

Ventilators and Related Respiratory Equipment (cont.)

Negative pressure ventilator; portable or stationary. (Payment includes all necessary accessories, fittings, and tubing.)* Rental only. Modifier RR required. Limit: 1 every 30 days.	E0460	A4611- A4613, A4616- A4618, E0450, E0461, E0550, E0471, E0472	733.57	
Volume ventilator, stationary or portable, with backup rate feature, used with non-invasive interface. Rental only. Modifier RR required. Limit: 1 every 30 days.	E0461	A4611- A4613, A4616- A4618, E0450, E0460, E0550, E0471, E0472	1,002.05	
Humidifier heater, with temperature monitor and alarm. (Limited to clients that are mechanically ventilated or clients that have tracheostomies and require heated humidification). Rental only. Modifier RR required.	E1399 w/EPA #870000903	E0550	128.80	

***For owned ventilators and CPAPs** – Use modifier “MS” when claiming a six-month maintenance check. Limit of one per six months allowed. Maintenance checks are paid at 50% of the rental rate. **Modifier “U2” required when claiming a secondary “backup” ventilator for the same client.**

Some policies are noted in this fee schedule for your convenience. Please refer to the narrative sections in the billing instructions for complete policy details.

Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/05 Rental	7/1/05 Purchase
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***HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by MAA.*

Miscellaneous

Tape, non-water-proof, per 18 square inches.	A4450			\$.09
Tape, waterproof, per 18 square inches.	A4452			.36
Peak expiratory flow rate meter, hand held. Purchase only. Modifier NU required. Limit: 3 per client, every 12 months.	A4614			23.78
Oximeter device for measuring blood oxygen levels non-invasively. (Complete with all necessary accessories and supplies except probes.) Rental only; price per month. Modifier RR required. Prior authorization required for clients 18 and older.	E0445		60.00	
Oximeter probe\sensor, disposable. Purchase only. Modifier NU required. Limit: 4 per client, every 30 days.	E1399 w/EPA #870000907	A4606		26.00
Oxygen probe for use with oximeter device, replacement. Non-disposable. Purchase only. Modifier NU required. Limit: 1 per client, every 30 days.	A4606	E1399 w/EPA #870000907		179.46
Resuscitator bag; non-disposable, adult/pediatric size. Purchase only. Modifier NU required. Limit: 2 per client, per lifetime.	E1399 w/EPA #870000910	E1399 w/EPA #870000909		\$134.11
Resuscitator bag; disposable, adult/pediatric size. Purchase only. Modifier NU required. Limit: 2 per client, per lifetime.	E1399 w/EPA #870000909	E1399 w/EPA #870000910		50.99
Non-routine replacement parts for equipment repair. For purchased equipment only. Must bill with statement of warranty coverage. See repair policy for documentation requirements.	E1399 w/EPA #870000908			BR

Some policies are noted in this fee schedule for your convenience. Please refer to the narrative sections in the billing instructions for complete policy details.

Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/05 Rental	7/1/05 Purchase
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***HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by MAA.*

Miscellaneous (cont.)

Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes. For purchased equipment only. Must bill actual repair cost and statement of warranty coverage, see repair policy. Requires Prior Authorization.	E1340			17.43
Durable medical equipment, miscellaneous Also includes non routine replacement parts for repair of client owned equipment. Refer to pages E.6 and E.7 of Billing Instructions. Prior authorization required.	E1399			BR
Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler (e.g., Aerovent). Limit: 6 per child (17 and younger), every 12 months; 3 per adult, (18 and older) every 12 months.	A4627			23.70
Flutter device. Purchase only. Modifier NU required. Limit: 1 every 6 months.	S8185			42.40
Swivel adaptor	S8186		#	#
Tracheostomy supply, not otherwise classified	S8189		#	#
Electronic spirometer (for microspirometer)	S8190		#	#
Mucus trap	S8210		#	#
Percussor, electric or pneumatic, home model. Purchase only. Modifier NU required. Limit: 1 per client, per lifetime.	E0480			439.40
Intrapulmonary percussive ventilations system and related accessories.	E0481		#	#
Cough stimulating device, alternating positive and negative airway pressure. Prior authorization required. Rental only, per month. Modifier RR required. Limit: 1 per client, per lifetime. Deemed purchased after twelve months of rental.	E0482		430.02	

Some policies are noted in this fee schedule for your convenience. Please refer to the narrative sections in the billing instructions for complete policy details.

Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/05 Rental	7/1/05 Purchase
<i>**HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by MAA.</i>				
High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each. Rental includes vest and generator, all repairs and replacements. Manufacturer will replace vest (during either rental or purchase period) for change in user's size. Modifier RR required. Prior authorization required. Limit: 1 per client, per lifetime. Deemed purchased after twelve months of rental.	E0483		1,063.13	
Oscillatory positive expiratory pressure device, non-electric, any type, each.	E0484		#	#

Some policies are noted in this fee schedule for your convenience. Please refer to the narrative sections in the billing instructions for complete policy details.

Miscellaneous Equipment Reimbursed Only When Client Owns Core Equipment

Battery, heavy duty; replacement for patient-owned ventilator. (gel cell only) Purchase only. Modifier NU required. Limit: 1 every 2 years.	A4611	E0450, E0460, E0471		166.98
Battery cables; replacement for patient - owned ventilator. Purchase only. Modifier NU required. Limit of 1 every 2 years.	A4612	E0450, E0460, E0471		76.77
Battery charger; replacement for patient - owned ventilator. (gel cell only) Purchase only. Modifier NU required. Limit of 1 every 2 years.	A4613	E0450, E0460, E0471		144.21
Cannula, nasal. For client -owned equipment. Purchase only. Modifier NU required. Limit: 2 per client, every 30 days.	A4615	E0424, E0431, E0434, E0439		1.84
Tubing (oxygen), per foot. For client - owned equipment. Purchase only. Modifier NU required.	A4616	E0424, E0431, E0434, E0439, E1390, E0450, E0460, E0471		.09
Mouthpiece. For client -owned equipment. Purchase only. Modifier NU required. Limit: 4 per client, every 30 days.	A4617	E0424, E0431, E0434, E0439, E0450, E0460, E1390, E0471		1.91

Miscellaneous Equipment Reimbursed Only When Client Owns Core Equipment (cont.)

Breathing circuits. For use with client - owned equipment. Purchase only. Modifier NU required. Limit: 4 per client, every 30 days.	A4618	E0424, E0431, E0434, E0439, E0450, E0460, E1390, E0471		7.66
Variable concentration mask. For client-owned equipment. Purchase only. Modifier NU required. Limit: 4 per client, every 30 days.	A4620	E0424, E0431, E0434, E0439, E1390		2.58
Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery. Rental only. Modifier RR required. (Not billable when used with rented ventilator or rented oxygen equipment.) Only allowed for IPPB Limit: 1 every 30 days.	E0550	A4615, E0424, E0431, E0434, E0439, E0441, E0450, E0460, E0471, E1390, E1399 w/EPA #870000903	42.61	
Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flow meter.	E0555		#	#
Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery.	E0560		#	#

Expedited Prior Authorization (EPA) Criteria:

Refer to Prior Authorization Section of Billing Instructions for instructions and documentation requirements for EPA.

Oxygen Equipment and Supplies

Criteria	Last 3 digits	Billing Code	Do Not Bill With	Rental	Purchase
Use E0570 when billing for a Nebulizer when ALL of the following are true: 1) Diagnosis of acute bronchiolitis 466.11, OR 466.19, or acute bronchiolitis 466.0. 2) Client has a definitive respiratory diagnosis requiring the administration of nebulized medications (MAA will not accept a diagnosis such as abnormal secretions); and 3) Diagnosis justifying the use of a nebulizer is on the claim. Purchase price is amount allowed after 2 months mandatory rental. Modifier NU or RR required.	900	E0570	E0500	\$16.10	\$128.80
Use E1399 when billing for “Fish” (3cc-5cc saline vials), each. Limit: 200 per client every 30 days.	901	E1399			.23

Oxygen and Respiratory Therapy Program

Criteria	Last 3 digits	Billing Code	Do Not Bill With	Rental	Purchase
Use E1399 when billing for Humidifier heater, with temperature monitor and alarm when all of the following are true: 1) Heated humidification is medically necessary; and 2) The client is either mechanically ventilated <u>or</u> has a tracheostomy. Per Month Rental only. Modifier RR required.	903	E1399	E0550	128.80	
Use E1399 when billing for Apnea Belt Kit (includes 2 belts, 4 electrodes, and 4 lead wires), each. Purchase only. Modifier NU required. Limit: 2 per client, every 30 days.	904	E1399	A4556, A4557		25.92
Use E1399 when billing for Oximeter probe\sensor, disposable, each. Purchase only. Modifier NU required. Limit: 4 per client, every 30 days.	907	E1399			26.00
Use E1399 when billing for Non-routine replacement parts for equipment repairs when all of the following are true: 1) Equipment is owned by the client; 2) Warranty for both equipment and parts has expired; and 3) There is no evidence of malicious damage, culpable neglect or wrongful	908	E1399			BR

Oxygen and Respiratory Therapy Program

Criteria	Last 3 digits	Billing Code	Do Not Bill With	Rental	Purchase
disposition of equipment. Documentation of above information is in the client's record. For dates of service on or after 07/01/05, use E1399 (durable medical equipment, misc.) which requires prior authorization.					
Resuscitator bag, disposable, adult/pediatric size. Purchase only. Modifier NU required. Limit: 2 per client, per lifetime	909	E1399			50.99
Resuscitator bag, non-disposable, adult/pediatric size. Purchase only. Modifier NU required. Limit: 2 per client, per lifetime	910	E1399			134.11
Sterile water or sterile saline. 1000 ml, used with large volume nebulizer. Limit: 50 per client, every 30 days.	928	E1399			2.74

**Professional Services Performed by Washington State
Licensed Professionals Operating Within the Scope of Their Practice**

Reimbursement includes cost of taking equipment into a client's home.

Criteria	Last 3 digits	Billing Code	Do Not Bill With	Purchase
Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; first day – (when the visit includes, at a minimum all of the following): <ol style="list-style-type: none"> 1) Evaluation of Access; 2) Identification Emergency exits; 3) Verification of proper electrical grounding; 4) Identification of functioning communication devices; 5) Identification of adequate lighting; 6) Preparation or evaluation of emergency plans; 7) Notification of emergency services and electricity providers; and 8) Documentation of above activities and findings. Must be performed by professional staff. Limit: 1 per client per lifetime.	915	94656		52.08
Noninvasive ear or pulse oximetry for oxygen saturation; single determination. Limit: 1 per 6 months	916	94760		31.03
Circadian respiratory pattern recording (pediatric pneumogram), 12 to 24 hour continuous recording, infant. (Not to be used on a routine basis. Use only when medically necessary.)	917	94772		155.18